FilmL.A., Inc.
1201 W. 5th Street, Suite T-800
Los Angeles, CA 90017
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information

Permit No: F00040069-A **Type of Permit:** FILMING **Release Date:** 05/16/2011

Production Company STARDUST STUDIOS

Insured Company Name STARDUST STUDIOS
Contact Phone No. 1 310-399-6047
Contact Phone No. 2
Fax 310-399-7486
Address 1920 MAIN ST, SUITE A
SANTA MONICA, California 90405

Production Title PSA

Type of Production Commercial - PSA

Producer Winston Smith

Director ALAN Bibby

1st AD NICK CONROY

Production Manager CINDI MCKINNEY

FilmL.A. Coordinator Erica Wade

Location Manager ALPHA LUPINE
Primary Phone Office - 310-466-0485
Secondary Phone

Location Assistant TBD TBD
Primary Phone Office - 310-399-6047
Secondary Phone

Fees

LA CITY DEPT OF REC AND PARKS PARK MONITOR FEE	$38.00
FILMLA MODIFIED PERMIT RIDER FEE	$25.00

Total Permit Fee $63.00

Number of Locations 1

NOT A PERMIT

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Summary Information — Location

Permit Number F00040069-A
Production Company STARDUST STUDIOS
Insured Company STARDUST STUDIOS
Production Title PSA

Location Manager ALPHA LUPINE
Primary Phone Office - 310-466-0485
Secondary Phone

Location Address 415 S St Louis St, Los Angeles, CA, 90033

Location Type Park

Location Description HOLLENBECK PARK

Film Dates 5/15/2011 - 5/15/2011 11:30 - 15:30 1 day

Open or Closed to the Public Open

Generic Conditions
Must comply with attached Rec & Park Conditions
No Cast and Crew parking on areas streets.
No interference with vehicular or pedestrian traffic

Please see attached documents
stardust.pdf
Hollenbeck Skate Park Guidelines.docx

Equipment on Location

Type	Quantity
5 or 10 ton trucks	1
Cube Trucks	1
Generator	1
Motor Homes	1
Vans	1

Personnel on Location

Type	Quantity
Cast	2
Crew	10

Filming Activities Equipment on property; Exterior Dialogue; TALENT SKATING IN PARK; RAPG # 331110;

Jurisdiction **Political:** Los Angeles City - Council District 14 **Police:** Los Angeles Police Department **Fire:** Los Angeles City

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Coordinator Note NO FILMING AT LINDA VISTA HOSPITAL. ONLY CREW PARKING.

Coordinator Note FROM 11:30AM-2:30PM 1 MONITOR REQUIRED (1 SHIFT)

Coordinator Note RIDER A EXTENDS TO 3:30PM

Parking

Base Camp
Location Type : Filming Location
Parking Notes
LINDA VISTA HOSPITAL

Crew Parking
Location Type : Filming Location

NOT A PERMIT

Appointment of Pacific Production Services
As Authorized Agent and Representative

I certify that I am a representative of STARDUST STUDIOS ("Principal") and am authorized to enter into binding contractual agreements on its behalf. I further certify that I am authorized by Principal to appoint other representatives and agents for Principal and to give such representatives and agents authority to enter into and bind Principal to agreements relating to the issuance of and compliance with location film (e.g. theatrical, television, commercial and other motion picture filming) and still photographic permits, including the permits themselves and any riders to such permits. Acting on behalf of Principal in my capacity as its authorized representative, I appoint Pacific Production Services and it employees and agents ("PPS") as Principal's authorized representatives and agents to apply for location film (e.g. theatrical, television, commercial and other motion picture filming) and still photographic permits on behalf of Principal through FilmLA, Inc. for any city, county or through any other jurisdictions where FilmLA, Inc. operates, to negotiate, discuss, accept, modify, agree to and bind Principal to the terms and conditions of such permits (including all restrictions and/or community guidelines applicable to any such permit); and to execute such permits on behalf of Principal. Principal understands, acknowledges and agrees that it (and/or its insurer) remains responsible and liable for all obligations imposed by or incidental to any permit or rider issued to Principal signed by any employee or agent of (including any coordinator, runner or messenger used by) PPS. Principal further agrees to comply with the terms and conditions of any such permits and hereby appoints PPS as an authorized representative to facilitate compliance with such terms and conditions following issuance of any such permits and to enter into agreements for Principal with respect thereto. Any person, agency, entity, or organization (including FilmLA, Inc. and any city, county or other jurisdictions where FilmLA, Inc operates) may rely upon this appointment and need not obtain further authorization for any act described herein. An original or faxed copy of this appointment shall be sufficient, and may be treated as an original for your purposes. The appointment may be revoked by Principal at any time in writing delivered to FilmLA, Inc., but in any case shall expire one (1) year from the date of execution set forth below.

I declare under penalty of perjury under the laws of the State of California that I am authorized to appoint PPS as agent for Principal, and based upon that authority I hereby appoint PPS as Principal's agent as set forth herein.

Date: 5/05/11

Representative's Signature

Rob Knox

Representative's Name (Please Print)

Producer

Representative's Title (Please Print)

STARDUST STUDIOS

Name of Principal (i.e. company name)

(Please Print)

1920 Main St, Suite A

Santa Monica, CA

90405

Principal's Mailing Address (Please Print)

310-399-6047

Principal's Phone Number (Please Print)

Pacific Production Services
Eric Nichols, President